

# **NAME CHANGE REQUEST**

## ***Instructions For Commercial And Residential Contractors***

### **WARNING:**

1. If a second company is formed and both companies are active, a new application will need to be filed for the NEW company.
2. If a second company is formed and the first was a licensed Contractor, before a name change can be done the first company has to be dissolved and a copy of the dissolution papers will need to accompany this form along with the following information.

### **COMMERCIAL CONTRACTORS**

#### ***ATTACH THE FOLLOWING TO THIS FORM:***

1. A copy of the Articles of Incorporation, Amended Articles, Partnership Agreement, Buyout or Merger documentations.
2. A letter from your CPA stating that the assets and liabilities were transferred from the old name to the new name. **(If name change is mid year of your renewal)**
3. The name change form properly executed.
4. Name Change Rider for your Surety Bond if the Federal ID # does not change. If it changes a new Surety Bond will have to be submitted.

### **OR**

1. A **reviewed** or **audited** financial statement prepared in the new name. **( If name change is done at regular renewal time.)**
2. A copy of the Articles of Incorporation, Amended Articles, Partnership Agreement, Buyout or Merger Documentation.
3. The name change form properly executed.
4. Name change Rider for your Surety Bond if the Federal ID # does not change. If it changes a new Surety Bond will have to be submitted.

### **RESIDENTIAL CONTRACTORS**

#### ***ATTACH THE FOLLOWING TO THIS FORM***

1. The name change form properly executed.
2. A copy of the Articles of Incorporation, Amended Articles, Partnership Agreement, Buyout or Merger Documentation.

**CONTRACTORS LICENSING BOARD**  
**4100 Richards Road**  
**North Little Rock, AR 72117**  
**501-372-4661**

***Name Change Request Form***

<b>1. <i>PRESENT COMPANY NAME:</i></b> (As it <b>NOW</b> appears on your Contractor's License)	
Company Name	
Previous Address	
Federal ID Number	Social Security Number

<b>2. <i>COMPANY NAME CHANGED TO</i></b> (As it <b>WILL</b> appear on your Contractor's License)	
Company Name	
New Address	
Federal ID Number	Social Security Number

**AFFIDAVIT**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says: That all statements herein contained are true and correct and shall become a part of the present valid application on file. That the foregoing statement is submitted to the Contractors Licensing Board and/or Contractors Residential Committee for the purpose of amending the present valid license and that any depository, vendor or other agency herein named is hereby authorized to supply the Contractors Licensing Board and/or Contractors Residential Committee with any information necessary to verify these statements.

Subscribed and Sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
My Commission Expires:

\_\_\_\_\_  
Notary Public

**INSTRUCTIONS FOR COMPLETION  
OF THE \$10,000 CONTRACTORS BOND**

This bond is required only of **commercial** applicants.

Principal's company name **must be exactly** as you have applied for the Contractors License.

An owner, officer, member or partner must sign the bond form as Principal.

Only this prescribed form will be accepted. Any alterations to this form must have prior approval from the Contractors Licensing Board.

All Principal, Surety and Agent information requested on this form must be provided.

This bond must be executed by an agency, agent, broker or producer licensed by the Arkansas Insurance Department. The agency, agent, broker or producer must also have an Appointment registered with the Arkansas Insurance Department for the surety company the bond is placed with. The bond may be executed directly by the surety company, but must include verification from executing Attorney-in-Fact. **If this bond is not fully executed or countersigned by an Arkansas Resident agent, broker or producer, a copy of the executing agency's, agent's, broker's or producer's Arkansas Non-Resident license must be attached.**

Any change in company ownership and/or Federal Employer Identification Number requires a new bond be executed. Any other change, such as name or address, requires an endorsement rider from your agent.

If you are having difficulties obtaining this bond another option is filing a cash bond, contact Phyllis Isham at 501-371-1505 or 501-372-4661 for a form.

Please leave this notice attached to your bond.



**Required by A.C.A. §  
17-25-401**

## **\$10,000 CONTRACTOR'S BOND**

Effective Date \_\_\_\_\_

STATE OF ARKANSAS

Bond Number \_\_\_\_\_

WHEREAS, under the terms of A.C.A. § 17-25-401, et. seq., every contractor described therein must file with the Contractors Licensing Board a corporate surety bond or cash bond to secure compliance with A.C.A § 17-25-401, et. seq.

WHEREAS, every such contractor is required to comply with all the terms of said Code, and all rules and regulations promulgated by the Contractors Licensing Board pursuant to the authority of said Code, in the performance of contracts in the State of Arkansas:

NOW, therefore, we, the undersigned, \_\_\_\_\_  
Principal's Company Name As You Will Be Licensed

Principal Business Address (Physical) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

as principal, and \_\_\_\_\_  
Surety's Name

Surety Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

as surety, are held firmly bound to the State of Arkansas in the Sum of Ten Thousand Dollars (\$10,000) for payment of which we bind ourselves, our heirs, assigns, executors and administrators, jointly and severally, conditioned that if the undersigned principal shall promptly pay any amount of money due as provided in A.C.A. § 17-25-401, et. seq., then this obligation shall be null and void; otherwise, it shall be in full force and effect.

The surety reserves, however, the right to cancel the above bond on the giving of sixty (60) days written notice to the principal and to the State (Contractors Licensing Board).

\_\_\_\_\_  
*Agent's/Broker's/Producer's Company Name*

\_\_\_\_\_  
*Principal's Signature (Owner, Officer, Partner, Member)*

\_\_\_\_\_  
*Mailing Address and Telephone Number*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*City/State/Zip Code*

\_\_\_\_\_  
*Principal's Federal I.D. and/or Social Security Number*

\_\_\_\_\_  
*Agent's/Broker's/Producer's Signature*

\_\_\_\_\_  
*Attorney-in-Fact's Signature*

**This bond shall be executed by an agency, agent, broker or producer that is properly licensed with the Arkansas Insurance Department, a copy of such license must be attached.**

MAIL ORIGINAL BOND/CANCELLATION NOTICE TO:  
Contractors Licensing Board, 4100 Richards Road, North Little Rock, AR 72117